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A Dissertation

on  
Enteritis

by

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Among the diseases to which the human frame is incident, few are more violent or rapid in their course, than inflammation affecting the abdominal viscera. Of this there is now perhaps more fraught with danger than enteritis, or inflammation of the intestines.

Having made choice of this disease as the subject of the following page, I shall now attempt a description of the symptoms, mode of treatment &c, hoping at the same time, that the errors and defects of the day may be averted to that want of opportunity which at all times the Student is more or less liable to.

Without further preface, I will now endeavour to give a definition of the term according to the best authorities.

Enteritis may be defined an inflammation of the intestines, with severe pain in the abdomen, accompanied with a sense of twisting about the umbilicus.

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vomiting, obstinate costiveness, and generally attended with great debility.

It is divided by Cullen into enteritis phlegmonosa and enteritis erythematosa. The former he defines - enteritis with acute pain, violent fever, vomiting and costiveness. The latter, enteritis in which the pain and fever are less violent, accompanied by diarrhoea without vomiting.

The symptoms of the latter are often times very uncertain and obscure inasmuch as that after death dissection shows violent marks of inflammation, and yet the patient shall not have complained of either fever or pain.

Having thus attempted a definition, we shall next proceed to detail some of the causes of enteritis. It may be produced by an accumulation of indinated feces, by hernia and volvulus; it frequently follows an attack of gas-

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modic colic; often it is induced by cold applications, either to the abdomen or extremities; and sometimes by acid and indigestible substances taken into the stomach. These being the principal causes, it is unnecessary, perhaps, to dwell longer upon them. We shall therefore in the next place go on to give a description of the symptoms of enteritis.

In the beginning of the disease, the patient complains of a sharp, burning pain, sometimes fixed, at others more generally felt over the whole abdomen. The pain is more severe at one time than at another, owing (as has been supposed) to the contents of the intestines passing over the inflamed part.

A very good diagnostic of enteritis is that the pain is greatly increased by pressure. As enteritis progresses, the abdomen generally becomes tumid, and

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in almost all cases obstinate costiveness attends throughout the disease. The patient is often troubled with nausea and sometimes with vomiting.

These symptoms are attended with a considerable degree of fever. The pulse is hard, chorded and frequent. The heat is considerable accompanied with great thirst, and the urine is high coloured. There is also very common by a remarkable depression of strength.

It is sometimes very difficult to distinguish enteritis from other visceral complaints, for as it frequently spreads to other parts, it is almost impossible to ascertain its chief seat. It may be mistaken for phthisis or hepatitis when the upper part of the colon is affected; or for the piles, when the rectum is the seat of the disease.

Enteritis terminates either by resolution, gangrene, or suppuration.

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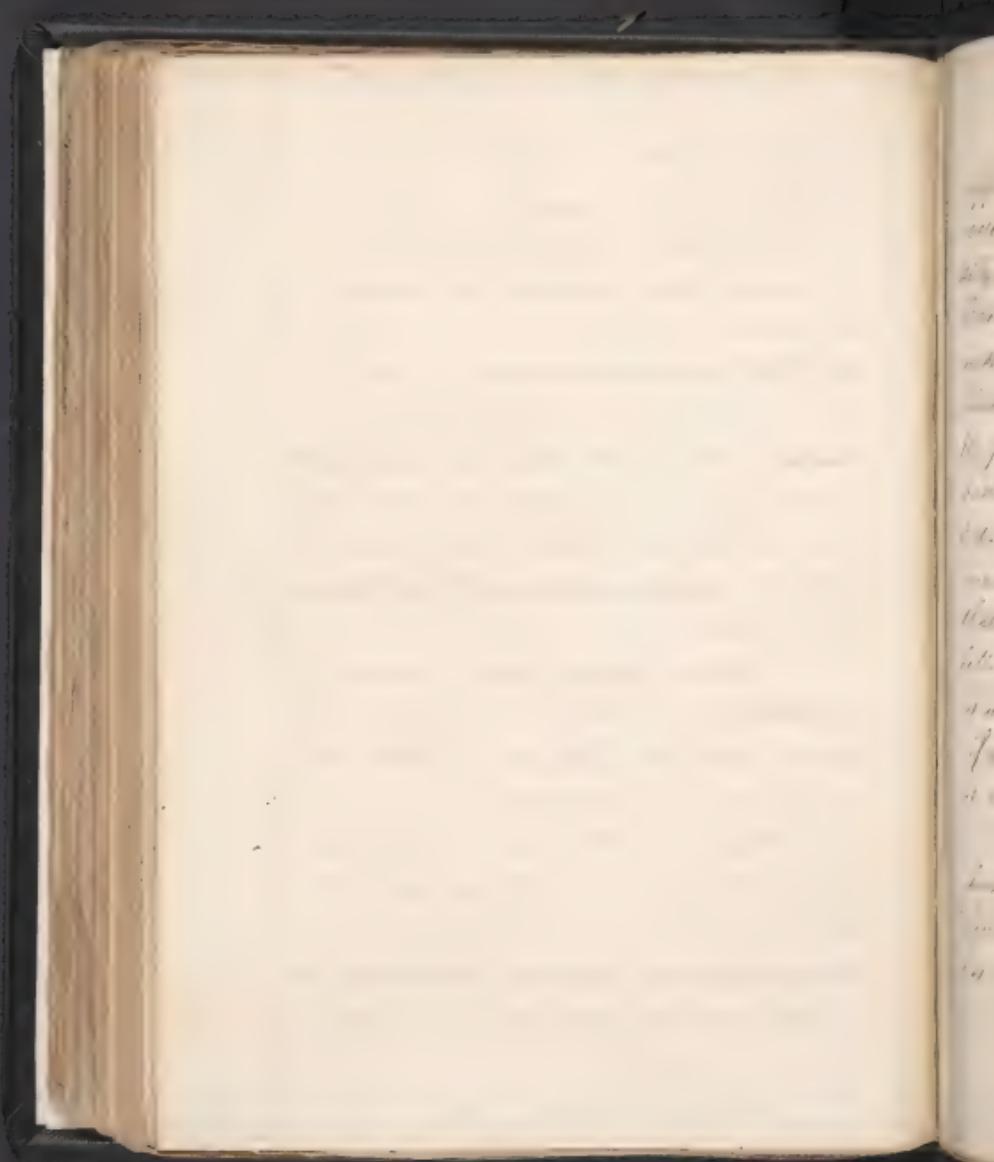
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If the disease has not arisen from any evident cause; or if the symptoms are moderate; or  
so slight as to give way to the remedies employed,  
in the course of the first or second week, we  
are at rest that it will terminate in recovery  
which may be considered as the only  
possible termination of enteritis.

To the contrary, should the symptoms continue moderate for several days, or  
the patient complain of irregular shivering, a sense of weight, an obstuse instead of  
acute pain, we may suppose the  
disease has terminated in suppuration and  
that an abscess has formed. If the absorption  
continues, a purulent diarrhoea is  
produced, and at the ulcer very soft mucus  
will be cast of the intestines, which  
is washed away and are discharged in stool.  
Feces are impure and the patient



suffer a long or death.

In the first few days continue  
some time with unabating severity and  
the remedies administered appear to have  
no effect we may meet that gout - it  
is the result, which is known by the pain  
suddenly rising, the wise intermitting, the  
body covered with a cold sweat, involuntary  
dark colored stools, hiccup and increasing  
fever, under which symptoms the patient  
soon expires.

We now come to speak of the most  
important part of the subject - namely treat  
out. And the first and greatest upon  
the list stands bloodletting.

Bleeding is the remedy in which we  
principally depend in tertianis; and it  
should be had recourse to as soon as  
the symptoms of the disease first make their

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appearance and carried to as great an extent as the system of the patient can possibly bear. We should let the pulse have any rise we might call it, in testing whether to unsheathe the lancet or not, for cases do sometimes occur, where if we were guided altogether by the force we get oppose that a stimulating instead of a uplifting practice was indicated. The pulse is generally found to be weak & small, and in this condition it is that we inferious the good effects of bleeding, so in place of reducing its strength as we might at first suppose, it is found if it be about to prove serviceable to raise it a little to bring it to a more natural standard. Then outwards supposes some of the worst kinds of fevers, we must then be very cautious how we use the lancet, because, as the patient is in reduced to a state of great prostration

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In the preceding issue, we would point in most cases though not perhaps in all, that the bleeding would only hasten to a fatal termination.

If we find the pulse becomes irregular, & the patient is attacked with convulsions & syncope, we should then refrain from bleeding, as the case is too far advanced to bear it.

When after bloodletting we experience a remission of the symptoms, we may consider it a very good prognosis; but we should be careful not to be thrown off our guard by it, as in a majority of cases, when the first bleeding comes in little an exacerbation takes place equalling or exceeding of the remedy.

In case the first bleeding should produce but little improvement in the complaint, it must be repeated in larger quantity and in shorter time, than otherwise would be necessary.

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The next remedy we come to speak of is  
Cathartics - And in the administration  
of these, we should proceed very cautiously.  
for as the power which is generally very relia-  
ble, can should be taken to make choice  
of those that may best agree with it, as  
otherwise they would be very likely to be re-  
jected by a patient.

The Cathartics most generally em-  
ployed are Caster oil, and the saline or  
mercurial purges - the latter of which should  
not be given alone, but in combination with  
some milder cathartic for the purpose of ren-  
dering it more effectual and easy in its oper-  
ation. The exhibition of cathartics ought to  
be easily managed by Mortification. Because if  
we can perceive a motion of the inflammatory  
symptoms, we may expect them to act  
with greater certainty and expeditious than if

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they had been protracted previous to convalescence. If the nausea and vomiting are so great that nothing can be retained upon the stomach, we must then resort to emetics. These should be of a light character, and they should be exhibited in the course of 4 or 5 days, in four or five doses, and with caution so that the interval between each dose is about 15 minutes. In all cases of nausea it is proper to use injections, but care is to be taken that we make use of such only as are of a soothing nature.

As it regards the administration of opiate, it is well, with few exceptions, to do this especially in the early stages of intermitting fevers, & in the first part of the new period they are said to induce the disease frequently to commence in convalescence.

Blisters - The most beneficial effect on

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water. The cloth is to lie upon the  
stomach and made so large as to cover nearly  
the size of it. It has been recommended also  
to lay them at the same time to the extremi-  
ties. This, as the patient begins to feel  
the sweating so easily produced by  
the bath, the pain is often diminished.

It is a fact worthy of notice that  
so many cathartics and clysters will now  
readily procure evacuations, which previous  
to the practice of the Miser's method  
of effect.

Salpicon of the bone marrow advantage-  
ous. Flannel 1 pt in bands and sprinkled  
with pepper is an excellent one. We may  
also use the spirit of turpentine or tincture of  
cantharides.

Tomentations are sometimes used with good

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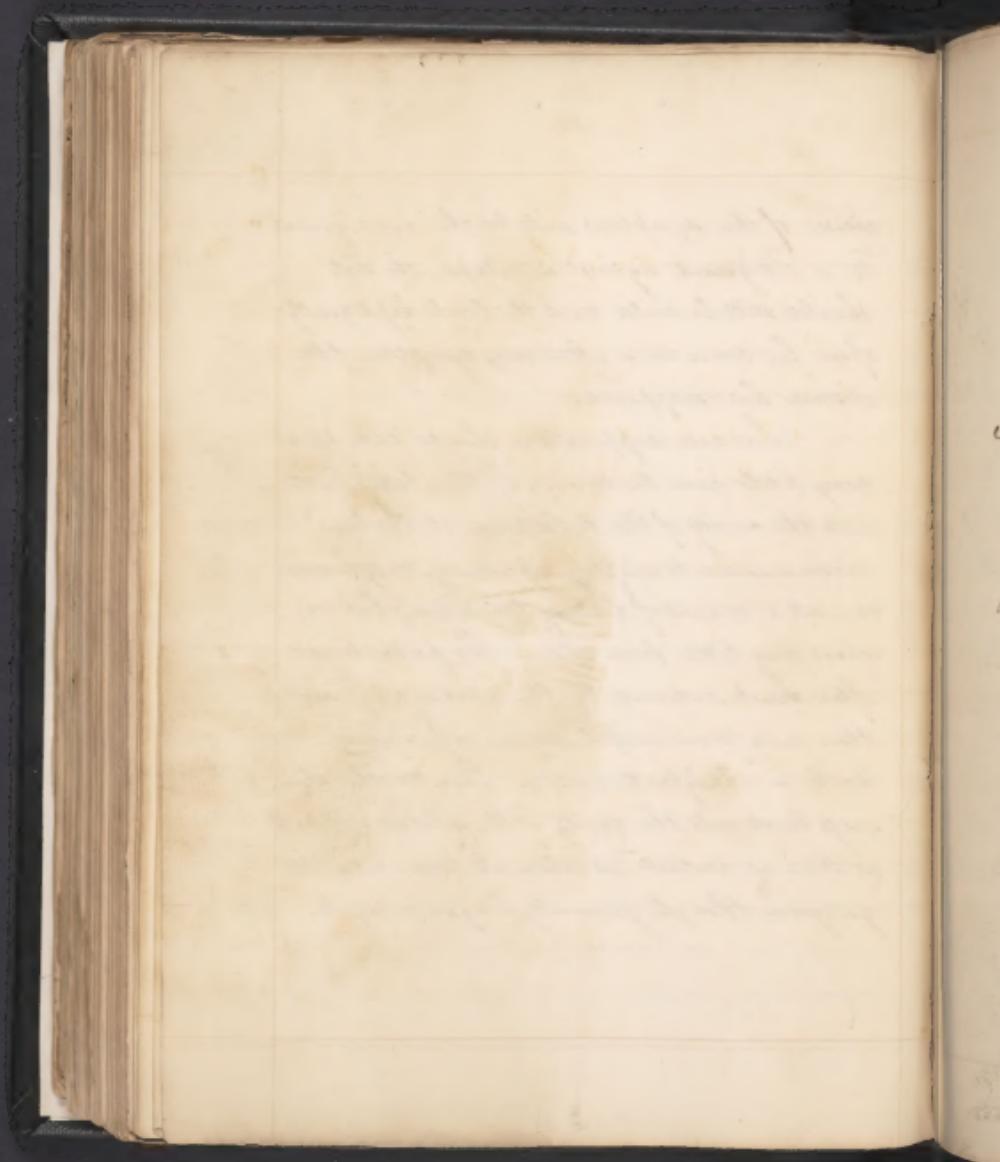
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effect. Cloths immersed in warm water and wrung out will answer as well as any. The only objection to fomentations is, that they have a tendency to increase the consciousness and anxiety. If this, however, should not be the case, they may be found of some service; but we should never let them supersede blisters, as they are a much more valuable remedy.

The warm bath, more especially the sudorific, has been recommended; but the objection against the preceding remedy is very applicable here.

Diet. The diet of the patient should be of the mildest nature, such as beef tea, barley water or chicken broth; and these must be taken in small quantities at a time; at least until some evacuations have been produced; for if we allow the patient to overload his stomach, irritation will ensue; and an inva-



cess of the symptoms will be the consequence  
to a guard against a relapse, the diet  
should still be mild and the bowels kept gently  
open for some time after every symptom of the  
disease has disappeared.

In case suppuration should take place  
very little can be done. If the abscess burst  
into the cavity of the intestines, it has been  
recommended to employ agrimony, myrra cassia  
&c. as a means of healing the ulcer; but we  
expect very little from them. The patient is  
often much reduced by the discharge. Triches  
then may prove useful, as an infusion of  
bark or chalybeat waters. Should the ab-  
scess burst into the cavity of the abdomen, death  
is then as certain as when it terminates in  
gangrene, though generally longer delayed.

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